

Grandmothers Group Registration Form



Please note, you can also register your group online at www.grandmotherscampaign.org.

Group Name: _____

City (where your group is based): _____ Province/State: _____

Primary Contact: _____ Alternate Contact: _____

Email: _____ Email: _____

Phone: _____ Phone: _____

Address: _____ Address: _____

Group Description (200 words or less):

Is your group open to new members? Yes No

How many members are currently in your group? _____

Can we share your contact information with other groups and potential new members? Yes No

Can we post your contact information on our website? Yes No

If yes, please provide the contact information you would like us to share:

Name: _____ Phone: _____

Email: _____

Please see reverse for group membership list.

